CANDIDATE'S SPECIAL REPORT
(to be filed by a candidate or his principal campaign committee)

This form is filed during the 20 day period immediately preceding an election to report   (1) all receipts from a single source in excess of $500 by major office candidates, or in excess of $250 by district or any other office candidates, and/or (2) any payments exceeding $200 to any person who endorses candidates and who is required to file campaign finance disclosure reports.

All candidates who have had any such transactions within the 20 days immediately preceding an election are required to report any such transaction on this form within 48 hours of the time the transaction occurred.

Hand deliver or mail to: CAMPAIGN FINANCE, 8401 United Plaza Blvd., Suite 200, Baton Rouge, LA 70809-7017

1.Qualifying Name and Address of Candidate	2. Office Sought (Include title of office as well as parish, city, town and/or election district.)	OFFICE USE ONLY
Forrest A. Travirca III 163 Leslane Dr. Lockport, LA. 70374	Councilman District 7 LA fourche	10/99 10-P 11/4 098246

3. Name and address of principal campaign committee
   (Applicable only if candidate has a principal campaign committee)

SCANNED
11/8/99 By W

Missing numbered pages were blank and had no information on them.

4. Date of Election _____ 10/23/99 _____

Primary ___✓___   General _____   (Check one)

5. a. Name of Person Preparing Report

Forrest A. Travirca III

   b. Daytime Telephone 504 532 8235

6. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no election day expenditures have been made that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has be deliberately omitted.

This __4__ day of __November__ , 1999 .

_____
Signature of Candidate/Chairperson (To be signed by Chairperson only if
report by principal campaign committee)

504 - 532 8235
Daytime Telephone Number

_____
Signature of Treasurer

_____
Daytime Telephone Number

Form 103, Rev. 3/98. Page Rev. 3/98